

APPLICATION FOR EXTRANET TRANSACTION ACCESS

Purpose:

This application must be used when applying for or renewing an existing Memorandum of Understanding and Agreement (MOA) with the Department of Motor Vehicles (DMV). An MOA is needed when obtaining driver, vehicle and/or personal information from DMV's record database or providing information to DMV's record database via the Internet (extranet).

Instructions:

- 1. Complete in ink or type. If you downloaded this application from DMV's website you may complete it online. However, you must print the form and sign it.
- 2. Complete all applicable parts of the application. Be as specific as possible. If additional space is needed, attach additional pages. Write N/A beside any part(s) or question(s) that do not apply.
- 3. Have an authorized agent or representative of the applicant sign and date the application. Unsigned or incomplete applications cannot be processed and will be returned to the applicant.
- 4. If completing an Information Use Application with this application, only one \$25 application fee is required. (Government agencies are not required to pay a \$25 application fee.)
- 5. Mail the completed application and the \$25 application fee to the address below.

User Services Virginia Department of Motor Vehicles Post Office Box 27412 Richmond, Virginia 23269-0001

SPECIAL APPLICATION NOTES AND PROVISIONS

- This application is subject to change based on changes in state or federal laws, rules, and regulations governing access and use of the requested information.
- By submitting this application, the applicant agrees to comply with all rules, laws, and regulations governing access
 to DMV records and the information they contain, including the Code of Virginia §§ 18.2-152.1 through 18.2-152.14
 and the Federal Fair Credit Reporting Act, Public Law 91-508.
- Violation of the state laws concerning use of DMV information and files is punishable under state law as a Class 4 misdemeanor. Violations of Federal Public Law 91-508 (Fair Credit Reporting Act) and the provisions therein are punishable by a fine up to \$5,000 fine or two years imprisonment or both.
- When approved, users are subject to reasonable inspection and/or audit by DMV to ensure compliance with the terms and provisions stated in the Memorandum of Understanding and Agreement.
- Applications with false, misleading, or otherwise deceptive information will not be processed and may be grounds for criminal prosecution under state and federal law.

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The information below is required by the State Comptroller for debt set-off collection purposes in accordance with the Code of Virginia §§ 2.1-196.1, 2.1-731, and 2.1-734, et al.

Print or type					
PART 1: USER INFORMATION (All applicants must complete this part.)					
CURRENT DATE (mm/dd/yyyy) BUSINESS NAME					
THIS APPLICATION IS FOR: (check the appropriate box)	TYPE OF BUSINESS				
☐ New Applicant ☐ Renewal					
FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	DEALER CERTIFICATE NUMBER(S) (re	DEALER CERTIFICATE NUMBER(S) (required for processing)			
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ADDRESS	CITY	STATE	ZIP CODE		
ADDICESS	CITT	JIAIL	ZII GODE		
POST OFFICE BOX	CITY	STATE	ZIP CODE		
EMAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER			
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PART 2: TYPE OF TRANSACTIONS TO PROCESS (All applicants must complete this part.)					
Check the appropriate block to indicate the type of DMV transactions you wish to conduct.					
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Process Financial Responsibility Insurance Certification	n Filings (complete Part 3 belo	w)			
Process Driver Improvement Clinic Roster Submission	S				
Process Independent Dealer Operator Course qualification					
	adon records				
Request Mechanic and Storage Lien Transcripts					
Request Customer Information Transcripts (Voter Regi	strar's Only)				
Request Driver Transcripts					
l ·					
Request Vehicle Transcripts					
Renew Dealer Certificate, Salesperson License, Deale	r License Plates				
☐ Temporary Tag Inventory Maintenance					
Review lessee information and update the lessee database with lessee information on a new lease, termination of					
lease, or a change of address to include a change of garage jurisdiction					
☐ Submit Insurance Acknowledgment (complete Part 3)					
☐ Submit Insurance Filings for Motor Carriers (complete Part 3 below)					
Process Conviction Reports (courts only)					
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Process Local Vehicle Registration (LVR). Are you under contract with another jurisdiction to administer local					
vehicle registrations?					
PART 3: INSURANCE COMPANY INFORMATION (Insurance companies only)					
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Insurance companies must complete this part when reques			ırance		
Certification Filings, Insurance Filings for Motor Carriers, and Insurance Acknowledgements.					
Provide the name(s) of all insurance company(ies), their insurance code(s) or the NAIC for which you will be filing.					
(Insurance codes are for SR22/26 filers only.)					
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Name of Insurance Company	Insuranc	e/NAIC Code			
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PART 4: USER INFORMATION (All applicants must complete this part.)				
Provide a list of names of all employees who will be authorized to use the requested access to update DMV records. Access for submitting Driver Improvement Clinic rosters is limited to 2 users.				
User Name (first, middle initial, last)	Mother's Maiden Name			
PART 5: SECURITY INFORMATION (All applicants must	complete this part \		
All organizations with extranet transaction access must designate a security officer who is responsible for administering user logon IDs. Provide the following information for your designated security officer.				
NAME				
TELEPHONE NUMBER	FAX NUMBER			
SECURITY OFFICER SIGNATURE	() EMAIL ADDRESS			
SECURITY OFFICER SIGNATURE	EMAIL ADDRESS			
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PART 6: CERTIFICATION (All applicants must complete this part.)				
I, hereby certify that: (1) all information contained herein is true; (2) I am a duly authorized agent of the above applicant; and (3) I am authorized to make application to DMV for extranet transaction access for the purpose stated in this application.				
USER/BUSINESS NAME (print or type)		CURRENT DATE (mm/dd/yyyy)		
AUTHORIZED REPRESENTATIVE NAME (print or type)	HORIZED REPRESENTATIVE NAME (print or type)			
AUTHORIZED ADDRESS (if different from Part 1)				
SIGNATURE				
TELEPHONE NUMBER	FAX NUMBER			
()	()			
EMAIL ADDRESS				
DMV USE ONLY				
APPLICATION Approved Denied	SIGNATURE			
IF APPROVED, LIST DATE (mm/dd/yyyy) USE AGREEMENT MAILED	TITLE			
IF DENIED, GIVE REASON(S)	DATE (mm/dd/yyyy)			